

MULTIPLE, DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						107019275		
CLAIMS								
	1st AMENDMENT		2nd AMENDMENT		3rd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
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TOTAL IND.								
TOTAL DEP.		18						
TOTAL CLAIMS	19							

BEST AVAILABLE COPY